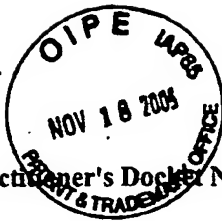


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Practitioner's Docket No. 44046.203.143.22

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hartig et al.

Application No.: 10/759,971

Group No.: 1771

Filed: 01/15/2004

Examiner: Andrew T. Piziali

For: HAZE-RESISTANT TRANSPARENT FILM STACKS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

11/21/2005 HGUENR1 00000005 10759971

Fee: \$120.00

03 FC:1251

120.00 00

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

Date:

11/16/05

Signature

Joyce Thomas

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
TOTAL	23	— 20	= 3	x \$ 50.00	= \$	150.00
INDEP.	5	— 3	= 2	x \$ 200.00	= \$	400.00
				***Multi dependent claim CO***	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	0.00
				TOTAL ADDIT. FEE	\$	550.00

Total additional fee for claims required \$550.00

**FEE PAYMENT**

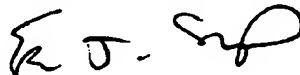
5. Attached is a check in the sum of \$670.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

**FEE DEFICIENCY**

6. If an additional fee for claims is required, charge Account No. 06-1910.



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